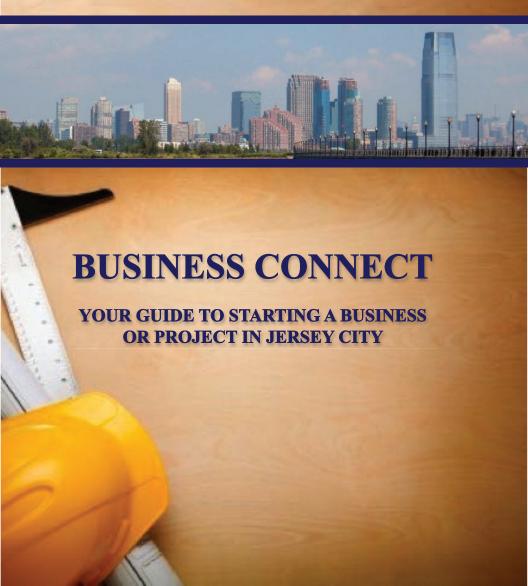


#### **CITY OF JERSEY CITY**



## Business Connect: Your Guide To Starting A Business or Project In Jersey City

#### **Jersey City Welcomes Your Investment**



Thank you for choosing to expand, move, or start your business in Jersey City! Your investment in our city speaks volumes of the potential growth that exists here. Welcome!

This guide will assist you, the small business or building owner, to familiarize yourselves with, and thereby expediting, the process you'll need to follow to obtain the proper building permits which will lead to the City issuing a Certificate of Occupancy (CO).

By clearly spelling out the steps necessary for State Code Compliance, it is our hope you will experience less confusion and avoid unnecessary delays. This page will guide you through the process of obtaining building permits; however, if you ever require assistance throughout any phase of your project or difficulty receiving your CO, please feel free to contact Senior Project Manager, Jorge Dones, at 201-547-4941. The City wants to make your process run as smoothly as possible.

Read this page and familiarize yourself with all the requirements needed to obtain a CO. Only then can you determine which section(s) pertain to your project or business. You'll then be prepared to meet all requirements.

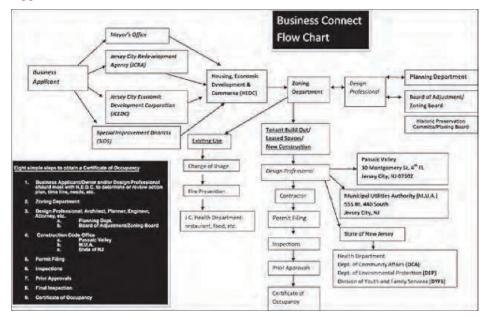
Remember the City of Jersey City is here to help you.

### About The Jersey City Department Of Housing, Economic Development & Commerce

The Department of Housing, Economic Development and Commerce (HEDC) is a diverse group of planners, officials, managers, inspectors, and support staff. HEDC's purpose is to protect and further the public welfare by planning and overseeing the orderly growth and development of Jersey City's residential, commercial, non-profit, and industrial sectors. We do this by coordinating with other agencies and through comprehensive planning, regulation of land use, permitting, code enforcement, and disbursement of state and federal grant funds.

Public welfare and quality of life also fall under HEDC's pervue. We regularly supporting social services providers and staffing boards while enforcing building and housing codes, rent and tenant laws, and issuing business licenses. (All of which are state required.)

Remember the City of Jersey City is here to help you. Download Flowchart & Applications here.



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#### Who's Who at HEDC:

Carl Czaplicki, Director of HEDC

201-547-5070

Jorge Dones, HEDC Senior Project Manager

201-547-4941

#### Division & Autonomous Agencies' Directors & Phone Numbers:

| City of Jersey City                                 | General Number          | 201-547-5000 |
|---|-------------------------|--------------|
| Division of Zoning                                  | Nick Taylor             | 201-547-4452 |
| Office of The Construction C                        | Code Official Ray Meyer | 201-547-6898 |
| Division of Planning                                | Robert Cotter           | 201-547-5050 |
| Director of Fire Department                         | Armando Roman           | 201-547-4239 |
| Deputy Fire Official                                | Jerry Cala              | 201-547-4239 |
| Municipal Utilities Authority<br>Executive Director | ,<br>Daniel Becht       | 201-432-1150 |
| Incinerator Authority,<br>Chief Executive Officer   | Oren K.Dabney, Sr.      | 201-432-4645 |
| Parking Authority,<br>Chief Executive Officer       | Mary F. Paretti         | 201-653-6969 |
| State Agencies:                                     |                         |              |
| DCA Code Assistance                                 |                         | 609-984-7609 |
| DCA Regulatory Affairs                              |                         | 609-984-7768 |

#### Jersey City's Urban Enterprise Zone Program (UEZ)

The Jersey City Economic Development Corporation Urban Enterprise Zone Program welcomes you and you will find that Jersey City is an extraordinarily business-friendly community! We at the UEZ are here to assist you in locating your business and helping it thrive.

The Jersey City UEZ Program is one of the largest and most productive UEZ programs in New Jersey. We offer member businesses a number of tax and financial incentives that help them grow, thereby stimulating the local economy. Certified UEZ member businesses may:

- Sell certain goods at 3.5% sales tax half the normal NJ Tax Rate
- Purchase construction materials and other tangible property tax free

- Be eligible for a corporate tax credit of \$500 \$1,500 for each new hire
- Save up to 50% on unemployment insurance for the first four years of operation.

One-third of Jersey City has been designated as an Urban Enterprise Zone.

Please contact our office to verify that your location is within one of the three Urban Enterprise Zones and learn what is required for becoming a certified UEZ business member.

There are **two UEZ grants** which may benefit your business:

- The **Business Relocation Grant** awards eligible businesses not presently located in New Jersey up to \$50,000 for relocating their businesses within one of the Jersey City UEZs
- The **Business Improvement Grant For Capital Improvements** helps rehabilitate or improve the facades and exteriors of buildings housing businesses and stores by providing matching funds of up to \$20,000 to property and business owners who may not have the financial resources to begin and complete an improvement project on their own.

For more information on the three Jersey City UEZs and available grants, please contact the Economic Development Corporation (EDC) at 201-333-7797 or visit the EDC on-line at www.jcedc.org.

#### 1. Overview For New Businesses

Having found and secured a desirable Jersey City location, you are now ready to begin improvements on your new commercial space. Here are five important steps to remember:

First, visit the Zoning Department and make sure the area you've chosen for your business is zoned for that business.

Immediately notify the Jersey City Department of Housing, Economic Development, & Commerce about your project. The City welcomes your investment and is here to help. The "Go-to-Person" for any questions or concerns you may have during this process will be our

d ur y c c ur t-t-r-u ur ur r

Senior Project Manager, Jorge Dones at 201-547-4941.

Plan and Budget Carefully. Depending on whether your project is renovating existing construction or new construction, it can take anywhere from several weeks to several months before you are officially open for business. Thoroughly discuss a reasonable timeline with your contactor and landlord so you can plan and budget accordingly. Unforeseen delays do happen and should be taken into account at the beginning of any project

**Hire Only Licensed, Registered Contractors.** By State Statute your contractor must be licensed by the state of New Jersey and you or your contractor must obtain all the permits required for the job. These requirements are in place to protect you. Remember — cutting corners at the beginning by hiring an unlicensed contractor will most likely run you into higher costs later on. For more information, check out http://www.state.nLus/lps/ca/HIC/

**Obtain Copies of All Permits for Your Records.** For various reasons, the contractor you hire to start the job may not necessarily be the one who finishes it. It is your responsibility as the business owner to obtain copies of all permits as they are issued. You are well within your rights to require your contractor to give you copies of all permits issued.

**Ask Questions and Always Follow Up.** We realize this may be the first time you have made a capital investment in Jersey City. Use this reference guide to help you navigate through the process. Don't be afraid to ask your contractor or the City questions and **always document concerns in writing**. Remember, contractors work for you and City officials are here to help you at any time.

Remember - we want to see you open for business sooner rather than later.

#### 2. When Do You Need A Construction Code Permit?



Changes to properties and structures, including both new construction and renovations or remodeling, all require permits under the Code of the State of New Jersey.

Here are specific guidelines and examples to help you determine whether you will need permits for planned electrical, plumbing, or structural work on your property.

WHETHER YOU HIRE A CONTRACTOR OR DO THE WORK YOURSELF, IT IS YOUR RESPONSIBILITY TO ASSURE ALL PROPER PERMITS ARE OBTAINED AND THE WORK IS DONE TO CODE REQUIREMENTS.

The following is work that requires a permit:

All new building construction

Construction of any additions made to existing property

Any alterations made to existing property

Hazardous locations

Any reconstruction done at an existing property

Any structural repairs and/or modifications made to existing property

The installation of fire alarm systems The installation of sprinkler systems

The installation of any Hood and Suppression systems

Any work done to renovate a space to meet the code requirement for a Day Care

Any demolition work

Constructing a deck.

Still not clear? Call us at 201-547-6898.

The Jersey City Office of the Construction Code Official makes the review and approval process of permits and forms as brief and convenient as possible. Please do your part by having the necessary information when applying for the proper permit. If you need any further information or assistance, don't hesitate to call the Jersey City Building Department with any questions at **201-547-6898.** 

#### 3. Office Of The Construction Code Official

The Office of the Construction Code Official is where you obtain Construction Code Permits:

Ray Meyer, Construction Code Official Office of Construction Code Official 30 Montgomery Street, 4th floor, RM 412 Jersey City, New Jersey 07302

Official.

Office hours are from 9:00 a.m. to 4:30 p.m. on Mondays and Fridays, and are from 9:00 a.m. to 7:00 p.m. on Tuesdays, Wednesdays, and Thursdays.

#### 4. Dealing With The Construction Code Division

The purpose of this guide is to expedite the review and inspection process for new projects and expanding businesses within the City of Jersey City. The key individual involved in this process is Ray Meyer, Construction Code

Problems reported to any individuals, agencies, or departments concerning

Problems reported to any individuals, agencies, or departments concerning applications or inspections within the City of Jersey City should be reported directly to Ray Meyer at 201-547-6898 or by e-mailing Raymondm@jcnj.org.

How the Construction Code Application helps your business venture:

Register your intentions with HEDC

Assign a project manager to coordinate activities

Set up a preliminary meeting with Office of the Construction Code Official to go over requirements necessary for your project

Process and review all plans and permits within two (2) Business Days

Process and review application denials or set-up a meeting with you or your contractors, engineers, or architect

Conduct inspections (scheduled by your project manager) within two (2) Business Days

Conduct re-inspections within two (2) Business Days

Process and issue Temporary or Permanent Certificate of Occupancy within three (3) Business Days

**Note:** Special standards and reviews apply to properties within a historic area, which occupy an historic site, or which are designed as landmarks. For further information, please call 201-547-5050

#### 5. Division of Zoning - Overview

It is recommended that you contact the Zoning Division for use and occupancy requirements. The Division of Zoning phone number is 201-547-6564.

You also need to contact the Zoning Department after you meet with HEDC to see if there are any other requirements you may need from the Office of Historic Preservation.

Redevelopment areas and projects requiring Site Plan Approvals, Variances, and Flood Elevations are handled through the Planning Division. Inquiries may be made at: http://www.cityofjerseycity.com/hedc.aspx?id=1170

Additionally, if you are hiring a contractor, you should confirm that this individual is in good standing with and has the required State of New Jersey license for his or her specialty, such as plumbing, electrical, etc.

#### 6. How To Obtain A Sign Permit From The Zoning Division:

Complete a building permit application Submit three (3) sets of drawings of the planned signage Drawings should include:

- a. Proposed location of sign on a site plan
- **b.** Blueprint drawing which shows actual sign dimensions, including sign height, width, and font colors
- c. If there is an existing sign, please provide a picture
- **d**. Accurate computer rendering of what the sign will look like on the building façade, complete with the sign's total square footage. Your sign company should be able to help you with this. Remember, both before (building without sign) and after (building with sign) pictures or drawings are required to be submitted
- e. Sign cannot exceed 20 square feet
- f. All signs require Zoning Division approval.

#### 7. Prior Approvals

Based upon your meeting with the Office of the Construction Code Official, prior approvals will be discussed and identified. With the exception of minor work, certain prior approvals may be required. These include, but are not limited to, the following:

Prior to undertaking a project the Zoning Office should be contacted first to ensure it complies with Zoning regulations and other prior approvals. Their phone number is 201-547-6564

If the work planned is **disturbing soil in excess of 5000 square feet,** you must file a plan with Soil Erosion and Sediment Control at http://www.nj.gov/agriculture/divisions/anr/nrc/njdep.html
The MUA also issues approvals for water, sprinkler, and sewer connections and is located at 555 Route 440. Their number is 201-432-1150



Approvals for food establishments, restaurants, or beauty shops are obtained through the Jersey City Health Department, at 201-547-6800

For life hazard use groups and high rises or permits for the use of torches to replace or repair roofs, you will need to contact Jersey City Fire Department, at 465 Luis Munoz Marin Boulevard. Their number is 201-547-4256

The Passaic Valley Sewerage Commission also must review plans for additions and new construction. They will determine any plan adjustments needed as well as fees required. Their number is 973-817-5706

Jurisdiction over construction or renovation in historic districts or the demolition of buildings 100 years old or more in age falls under the pervue of Historic Preservation. Their office can be contacted at 201-547-4312

The State of New Jersey reviews all projects involving school, hospital, MRI, CAT Scan, and Adult Medical Day Care facilities

Footing and Foundation permits are issued provided there is Zoning approval, a soil investigation report, and soil erosion approval for excavation of more than 5000 square feet of dirt. Two (2) copies of the footing and foundation plan and a pre-site survey are required for submission

#### 8. Notes To Building And/Or Business Owners

Contractors are not required to be listed on the permit documents for filing Contractor performance is a contractual issue. This office does mediate contract disputes. Our responsibility is to verify code compliance. This office **DOES NOT AND CANNOT** recommend contractors

The City of Jersey City, as with other communities within the State, has no modifications to the adopted State codes

Application forms may be obtained from the state website, http://www.state/nj.us/dca/divisions/codes/resources/contructionpermitforms.html.

#### 9. Frequently Asked Questions

#### Why do I need to obtain a permit?

A. New Jersey State Law requires it. A permit is required to construct or rehabilitate a structure.

#### What kind of renovation/construction job requires a permit?

A. Please refer to the Building Permit section earlier in this document. Generally, a building permit is needed for any work beyond cosmetic maintenance (i.e. painting). When in doubt, please call the Building Department at 201-547-5055.

#### Who is required to obtain the permit if I hired a contractor?

A. Your contractor may obtain all the permits you need, but as the owner, you ARE RESPONSIBLE to verify all permits need have been issued for the property.

#### When is a sprinkler system required?

A. The need for a sprinkler system is required based upon the plans provided by your architect, engineer, or draftsman. Those plans should be in accordance with Chapter 9 on NJIBC 2009 and the appropriate Section of the NJ rehabilitation sub-code NJAC5:23.

#### Do I need to be present for an inspection?

A. No, any person with knowledge of work performed at the construction location and with the ability to convey information back to the contractor can be present.

#### I have concerns about my contractor. Who can I call for help?

A. Contact the Better Business Bureau, Federal Trade Commission. You may also research your contractor's license with the State of New Jersey at http://www.state.ni.us/lps/ca/HIC/. Document all problems with your contractor in writing.

### What if I am moving my business into a site which formerly housed a similar business, such as a restaurant? Do I still need to have it gutted and updated?

A. No. Not as long as the current space has a C.O.

#### I have concerns about a City inspector. Who can I go to for help?

A. Notify the HEDC Senior Project Manager immediately of the concern at 201-547-4941.

#### I want to install a new storefront sign. Do I really need a permit?

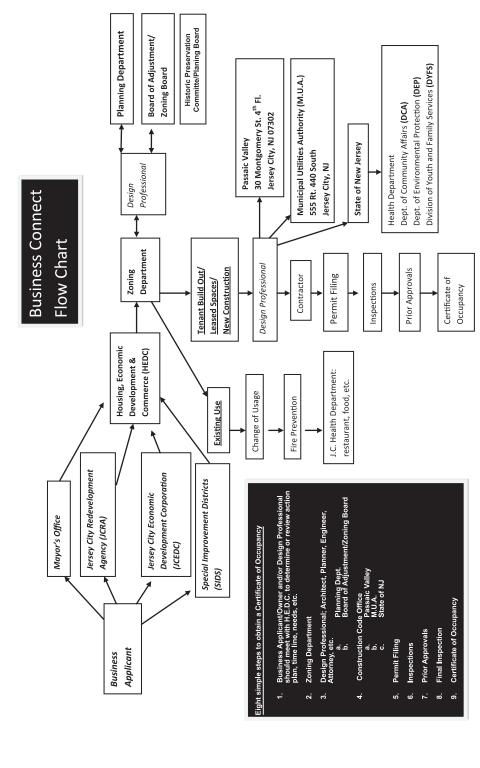
A.Yes. Installing a sign that conforms to City Code will save you time, money, and avoid a hefty fine.

### When the project is complete, how many inspections are required before getting a Certificate of Occupancy?

A. You will need inspections for all those areas for which a permit was taken, and these inspections are necessary to receive your CO. You must obtain all Final Inspection Stickers before receiving your CO.

### Prior to applying for a Certificate of Occupancy, a Temporary CO, or a Certificate of Continued Occupancy, what must I be sure to have?

A. All required inspections must be completed and approved. A Temporary CO still must be signed by all inspectors. All life safety requirements must be completed and approved. The application for a Certificate of Occupancy must be signed and approved by the Zoning Division.



DEPARTMENT OF Housing & Economic Development Office of the Construction Official Raymond Meyer, Construction Official 30 Montgomery Street, 4th Floor, Jersey City, NJ 07302



## APPLICATION FOR CERTIFICATE

| Date Received:      |  |
|---------------------|--|
| Date Permit Issued: |  |
| Control #:          |  |
| Permit #:           |  |
| Date Issued:        |  |

| RTIFICATE PRE-PAYMENT FEE: \$  | CK#:                        | _                                   |                         |
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| CERTIFIC   | ATE OF CONTINUED O          | CCUPANCY                            |                         |
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|  |                             |                                     |                         |
| USE GROUP  | Previous                    |                                     | Current                 |
| ENAL COST OF CONSTRUCTION &  |                             |                                     |                         |
| FINAL COST OF CONSTRUCTION: \$  (Include value of any new structure, all o |                             | in fumishings and fixtures and all  | intagral agricument     |
| exclusive of process of manufacturing eq                                   | uiment).                    | -in furnishings and fixtures and an | integral equipment      |
| A set of "As Built" or amended drawings is                                 | required if the building or | structure devintes from the approx  | ad plane filed with the |
| construction permit. Use space below to des                                |                             |                                     | ed plans med with the   |
|  |                             |                                     |                         |
|  |                             |                                     |                         |
|  |                             |                                     |                         |
| If requesting a Temporary Certificate                                      | of Occupancy or Complia     | naa nlaaca aynlain why in the cnee  | a balaw                 |
| in requesting a remporary Certificate                                      | of Occupancy of Compila     | nce, piease explain why in the spac | e below.                |
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| AXIMUM LIVE LOAD:  |                             | MAAINUM OCCUPANCY:                  |                         |
| PECIFIC USE:   |                             |                                     |                         |
|  |                             |                                     |                         |
| hereby attest that to the best of my knowledge, a                          | II work has been completed  | 1 1 1 1                             |                         |
| complete items listed on a Temporary Certificat                            |                             |                                     |                         |
|  |                             |                                     |                         |
| GNED:Owner/Agent   |                             |                                     |                         |
| GNED:Owner/Agent OWNER   |                             |                                     |                         |



Housing, Economic Develpment & Commerce Office of The Construction Official DEPARTMENT OF

V. FEE SUMMARY (FOR OFFICE USE ONLY)

**CONSTRUCTION PERMIT** APPLICATION

5. Elevator Devices 4. Fire Protection

6. Subtotal 8. Subtotal

3. Plumbing Electrical 1. Building

7. Less 20% for State Plan Review State Permit Surcharge Fee

# Applicant Completes: Section I, II, III (optional), IV, VI, and VII

|            | Applicar   | nt Complete     | Applicant Completes: Section I, II, III (optional), IV, VI, and VII | I, II, III (optic | nal), IV, VI,     | and VII                          |              | 9. State Pe                           | State Permit Surcharge Fee         | . Fee    |  |                                     |           |
|------------|--|-----------------|---|-------------------|-------------------|----------------------------------|--------------|---------------------------------------|------------------------------------|----------|--|-------------------------------------|-----------|
|            | . IDENTIFICATION                                     |                 |   |                   |                   |                                  |              | 10. Subtotal                          | Occupancy                          |          | €9                                     |                                     |           |
| ←'         | <ol> <li>Proposed Work Site at:</li> </ol>           |                 |   |                   |                   |                                  |              | 12 Other                              | Cocapailo                          |          |  |                                     |           |
| 2          | <ol> <li>Name of Owner in Fee;</li> </ol>            |                 |   | Tel.: (           |                   |                                  |              | 13. TOTAL                             |                                    |          | \$                                     |                                     |           |
|            | Address:   |                 |   |                   |                   |                                  |              | N N                                   | VI BLIII DING/SITE CHARACTERISTICS | HARACTE  | RISTICS                                | (vluo esii edillo)                  | (Alac     |
|            |  | street          |   | municipality      | pality            |                                  |              | 1. Number of Stories:                 | of Stories:                        |          |  |                                     | 6         |
| ю.         | 3. Ownership in Fee: Public                          | lic             |   | Private           |                   |                                  | ĺ            | 2. Height of Structure:               | f Structure:                       |          | #                                      |                                     |           |
| 4          | <ol> <li>Principal Contractor;</li> </ol>            |                 |   | Tell:             |                   |                                  |              | 3. Area - La                          | 3. Area - Largest Floor:           |          | sq. ft.                                |                                     |           |
|            | Address:   |                 |   |                   |                   |                                  |              | 4. New Bui                            | New Building Area:                 |          | sq. ft.                                |                                     |           |
|            | License No. OR, if new home, Builder Reg. No.        | e, Builder Reg. | No.:  |                   | Exp. Date:        | ate:                             |              |                                       | Volume of New Structure:           | ïe:      | cu. ft.                                |                                     |           |
|            | Federal Employee No.:                                |                 |   | Fa                | Fax: ( )          |                                  |              |                                       | Construction Classification:       | tion:    |  |                                     |           |
| .5         | 5. Architect or Engineer:                            |                 |   | Te                | Tel.: ( )         |                                  |              | 7. Total Lar                          | Total Land Area Disturbed:         | .ped:    | sd. ft.                                |                                     |           |
|            | Address:   |                 |   | S                 | Contact:          |                                  |              | 8. Flood Ha                           | Flood Hazard Zone:                 |          | v v                                    |                                     |           |
| 9          | 6. Responsible Person in Charge once Work has Begun: | ae once Work h  | nas Begun:  |                   |                   |                                  |              | 9. Base Flood Elev                    | Base Flood Elevation:              |          | ii.                                    |                                     |           |
|            |  | ,               | Fax: (  | _                 |                   |                                  |              | IO. Wetlalid                          | 2 S                                |          |  |                                     |           |
|            |  |                 |   |                   |                   |                                  |              | 11 May Live Load                      | - paol a                           |          |  |                                     |           |
|            |  |                 |   |                   | OILAO             | SVINO SSILES SOS OSS   IVIO ILIA | N INC CALL O | 12 Max Oc                             | 12. Max. Occupancy Load:           |          |  |                                     |           |
| -          |  |                 |   |                   |                   |                                  | ( and one    |                                       |                                    |          |  |                                     |           |
| =          | II. PROPOSED WORK                                    | EST. COST       | PLANS<br>REC'D BY   | DATE<br>REC'D     | REJECTION<br>DATE | APPROVAL<br>DATE                 | REVIEWER     | RESUBMISSION DATES APPROVAL REJECTION | ON DATES<br>REJECTION              | REVIEWER | VII. DESCRIPTION OF BUILDING USE       | N OF BUILDIN                        | G USE     |
| <u>-</u> . | 1. Minor Work  |                 |   |                   |                   |                                  |              |                                       |                                    |          | A. RESIDENTIAL                         |                                     |           |
| 2 .        | New Building   |                 |   |                   |                   |                                  |              |                                       |                                    |          | 1 State Specific Hee-                  |                                     |           |
| . ⊿        | J Addition   |                 |   |                   |                   |                                  |              |                                       |                                    |          | 2. Use Group:                          | ė                                   |           |
| ] []<br>F  | 1 b. Alteration                                      |                 |   |                   |                   |                                  |              |                                       |                                    |          | 3. Change in Use Group Indicate Former | roup Indicate For                   | mer       |
|            | ☐ c. Renovation                                      |                 |   |                   |                   |                                  |              |                                       |                                    |          | 4. No. of Dwelling l                   | No. of Dwelling Units: All Units    | Income    |
|            | d. Reconstruction                                    |                 |   |                   |                   |                                  |              |                                       |                                    |          |  |                                     | Kestricte |
| ر<br>ا ا   | 5.    Fire Protection                                |                 |   |                   |                   |                                  |              |                                       |                                    |          | Before Construction                    | ction                               |           |
| <u>,</u> , | 1 Floring  |                 |   |                   |                   |                                  |              |                                       |                                    |          | After Construction                     | ion                                 |           |
|            | 7. Cleculcal   |                 |   |                   |                   |                                  |              |                                       |                                    |          | Net Gain or Loss                       | S                                   |           |
| 6          | 9.   Asbestos Abat. Subch.8                          |                 |   |                   |                   |                                  |              |                                       |                                    |          | B NON-RESIDENTIAL                      | IIAI                                |           |
| 9.0        | 10. ☐ Lead Hazard Abatement                          |                 |   |                   |                   |                                  |              |                                       |                                    |          | 1 State Specific IIs                   | ! .                                 |           |
| 誯          | 11. ☐ Demolition                                     |                 |   |                   |                   |                                  |              |                                       |                                    |          | 2. Use Groun:                          |                                     |           |
|            | TOTAL COSTS  |                 |   |                   |                   |                                  |              |                                       |                                    |          | 3. Change in Use G                     | Change in Use Group Indicate Former | mer       |
|            |  |                 |   |                   |                   |                                  |              |                                       |                                    |          |  |                                     | l         |

Units: All Units | Income | Restricted

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

(optional)

III. DO YOU WANT: Partial Release 2. 

Prototype Processing

□ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
 □ High Pressure Boiler
 □ Pressure Vessels

### DEBRIS RECOVERY APPLICATION FOR SUBMITTAL TO THE JERSEY CITY BUILDING DEPARMENT

Dear Applicant:

Please be advised that the City of Jersey City has recently amended Chapter 287 of the Municipal Code, Article VI (Construction, Renovation and Demolition Debris Recovery), to conform to State-mandated solid waste and recyling requirement.

As a result, applicants of Construction, Renovation and Demolition projects (classified as cover projects) which require a building or demolition permit are required to complete and file for approval a Debris Recovery Application prior to the issuance of a permit for the above covered projects.

To ensure compliance with the above, the City of Jersey City has retained the services NMG Associates, who will review and process the application on behalf of the Jersey City Building Department.

City Building Department for approval.

Applicants must be placed in an envelope clearly marked Debris Recovery Application.

Applications are required to submit (2) two copies of the application with original signatures to the Jersey

Applicants who feel the requirements noted in the application are not applicable to their project or cannot comply with the requirements must state the reason in Section #3 of the application for approval.

Applications will be reviewed for compliance. A "Notice of Compliance" or "Non-Compliance" will be provided

to the applicant with a copy to the Jersey City Building Department.

Upon completion of the covered project, the owner of the entity carrying out the project must send, by certified mail, documentation demonstrating that the applicant has met the diversion requirement of the plan to: NMG Associations, 280 Baldwin Avenue, Jersey City, NJ 07306, and to the Jersey City Municipal

plan to: NMG Associations, 280 Baldwin Avenue, Jersey City, NJ 07306, and to the Jersey City Municipal Recycling Coordinator, Jersey City Incinerator Authority, 501 Route 440, Jersey City, NJ 07305.

Applicants are required to submit the transporter's manifest(s), noting outbound loads and destination of all

materials disposed of and/or recycled prior to final inspection by the Jersey City Building Department.

Once submitted and reviewed for compliance with the diversion requirement, a "Notice of Compliance" will be provided to the owner of the covered project and the Jersey City Building Department.

be provided to the owner of the covered project and the Jersey City Building Department.

Failure to comply with the above-referenced municipal code may result in a fine being issured by the appropriate enforcement entity.

appropriate enforcement entity.

If you have any questions plesae contact NMG Associates at 201-780-8368.

| Office of the Construction Office of Jersey City Phone# 201-547-5055 Fax# 201-547-5270 | fficial                   |         |
|--|---------------------------|---------|
|  | CONTRACTOR<br>PRATION/LLC |         |
| OWNER INFORMATION  |                           |         |
| Company Name<br>Company Address<br>City<br>Code<br>Telephone#                          | State                     | <br>Zip |
| CHECK IF APPLICABLELLC REGISTERED AGENT  | CORPORATION               |         |
| CONTRACT INFORMATION Company Name  |                           |         |
| <br>Company Address  |                           |         |
| City<br>Code<br>Telephone#   |                           |         |
| CHECK IF APPLICABLELLC REGISTERED AGENT  | CORPORATION               |         |
|  |                           |         |

Office of the Constuction Official

#### Contact Notification Sheet/Receipt

| Project Address   |                                       |
|---|---------------------------------------|
| Control #s  |                                       |
| The following must be provided to assist you the customere fact of providing a phone number is no longer accumany times there is disconnect in your services to move to   | ceptable since we have encountered    |
| As the applicant you are attesting to the fact also as the a information to move the process either by review or inspe  |                                       |
| This office policy is to notify the applicant and owner of either accomplished by direct contact with the individual longer accept voice mails. Upon calling a party if the phornotifications process will take effect. | al, email or fax. This office will no |
| Information must be printed legibly.  |                                       |
| Owner Name  |                                       |
| If Corporation Registered agent name  |                                       |
| Phone Number  |                                       |
| Fax Number  |                                       |
| Email   |                                       |
| Applicant   |                                       |
| If Corporation Registered agent name  |                                       |
| Phone Number  |                                       |
| Fax Number  |                                       |
| Email   |                                       |
| Items Submitted   |                                       |
| Submitted by Accepted by  |                                       |



# ELECTRICAL SUBCODE TECHNICAL SECTION

| MATION, WHEN CHANGING CONTRACTORS,  |  | Qualification Code |
|---|--|--------------------|
| A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS | NCOMPLETE ALL AOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000. | Lot                |
| A. IDENTIFICATION - A   | NCOMPLETE ALL AOTIFY T   | Block              |

| Work Site Location:   |                                  |                 |                     |       |
|---|----------------------------------|-----------------|---------------------|-------|
| Owner in Fee:   |                                  |                 |                     |       |
| Tel. () E-r   | E-mail:                          |                 |                     |       |
| Address   | Municipality                     | haliku          | Zin Code            |       |
| Contractor:   |                                  | Tel: ( )        | and the second      |       |
| Address:  | E-Mail:                          |                 |                     |       |
| Contractor License No. or Builder Registration No.                                |                                  | Exp.            | Exp. Date           |       |
| Home Improvement Contractor Registration No. or Exemption Reason (if applicable): | or Exemption Reason ( if applica | ble ):          |                     |       |
| Federal Emp. ID No:   |                                  | FAX: ()         |                     |       |
| B. ELECTRICAL CHARACTERISTICS   |                                  |                 |                     |       |
| Use Group Present   | Proposed                         |                 |                     |       |
| ad #  | [ ] Temporary [ ] Other          |                 |                     |       |
| Building Occupied as  | Utility Co.                      |                 |                     |       |
| ESL COST OF EIEC. WORK &  |                                  |                 |                     |       |
| (Office Use Only)   | INSPECTIONS                      |                 | Dates ( Month/Day ) |       |
| PLAN REVIEW Date Initial  | Type:                            | Failure Failure | Approval            | nitna |
| [ ] No Plans Require  | Rough                            |                 |                     |       |
| artial-Unde   | Trench                           | ]<br>]          |                     |       |
| Date: Approved by:  | Temp. Serv.                      |                 |                     |       |
| ectric Plar   | Constr. Serv.                    |                 |                     |       |
| Date: Approved by:  | 100                              |                 |                     |       |
|   | Other                            |                 |                     |       |
| [ ] Bldg. [ ] Plumb. [ ] Fire [ ] Elev.   | Service                          | 1               |                     |       |
| SUBCODE APPROVAL for Permit   | Final                            | İ               |                     |       |
| Date:   | Town Court Court Date Learned    |                 |                     |       |
| Approved by:  | Final Cityin Card Date Issued    |                 |                     |       |
| SUBCODE APPROVAL for CERTIFICATE  | Annual Pool Inspection           |                 |                     |       |
| [ ] co [ ] cco [ ] cA   | Date of Grounding and Bonding    |                 |                     |       |
| Date:   | Certification                    |                 |                     |       |

C. CERTIFICATE IN LIEU OF OATH

Approved by:

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

[ ] Licensed Elec. Contractor [ ] Certified Landscape Irrigation Contr. [ ] Exempt Applicant

U.C.C. F120(rev. 12.107) Internet Version

| Date Received | Control # | Date Issued | Permitl # |
|---------------|-----------|-------------|-----------|
|               |           |             |           |

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| D. TECHNICAL SITE DATE | E DATE   |                         |
|------------------------|--|-------------------------|
| DESCRIPTION OF WORK    | F WORK   |                         |
|                        |  |                         |
| QTY SIZE               | ITEMS  |                         |
|                        | Lighting Fixtures Receptacles Switches Detectors Light Poles Motor - Fract, HP Emergency & Ext Lights Communications Points Aarm Devices FA.C. Panel TOTAL NUMBERS Pool Permit with UW Lights Storable Pool / Spar Hot Tub KW Elec. Range / Receptacle KW Overn / Surface Unit KW Elec. Mater Heater KW Elec. Dryer / Receptacle KW Overnal AvC Unit HP / KW Baseboard Heat KW Motors 14 HP KW Transformer / Generator AMP Survice AMP Survice AMP Survice AMP Subpanels AMP Subpanels AMP Subpanels AMP Subpanels | FEE ( Office Use Only ) |
|                        | Administrative Surcharge Minimum Fee State Permit Surcharge Fee TOTAL FEE  | w w w w                 |



# FIRE PROTECTION SUBCODE

TECHNICAL SECTION



A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS,

| IOTIFY THIS OFFICE, CALL UTILITY DIG NO: 1-800-272-1000.                                     |  |  |
|--|--|--|
| llockLot   | Qualification Code   |  |
| Vork Site Location:  |  |  |
| )wner in Fee:  |  |  |
| el.()  |  |  |
| ddress Street  | Municipality Zip Code  |  |
| vontractor;<br>ddress;   | E-Mail: System   |  |
| ire Protection Equipment, NJ Div of Fire Safety Permit No.                                   |  |  |
| ire riotection Equipment, no Divior line Safety Installer no.                                | Exp. Date  |  |
| form Improvement Contractor Registration No. or Exemption Reason (if applicable ):           |  |  |
| ederal Emp. ID No.   | FAX: ()  |  |
| 3. FIRE PROTECTION CHARACTERISTICS  See Group: Present Proposed                              | Fuel Storage Tank: [ ] Flammable or [ ] Combustible Fuel Type: Capacity: |  |
| constr. Class: Present Proposed  |  |  |
| leating System: [ ] New or [ ] Modification to Existing or [ ] Conversion or [ ] Replacement | Fire Alarm System: [ ] New or [ ] Existing Location of Panel:            |  |
| .uel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other                                  | Fire Suntression / Standnine System                                      |  |
| Location:  | Compression of Main Desired Makes  |  |
| Fotal Cost for Fire Protection Work \$   | LOCATION OF MAIN CONTROL VALVO.  |  |

TCO Flam / Combust Tanks Pre-Eng. System Fireplace Venting Suppression Sys. Alarm System Smoke Control Mechanical Standpipe Fire Pump Final ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev. SUBCODE APPROVAL for CERTIFICATE Dafe: Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required SUBCODE APPROVAL for PERMIT U.C.C. F140 (rev. 12/07) Internal Version

Approved by:

Approved by:

Applicant. When submitting this form to your Local Construction Code Enforcement Office, Plesse provide one original plus three photos

Date Received Control # Date Issued

Permit #

# C. CERTIFICATE IN LIEU OF OATH

I hereby certify that I am the ( agent of ) owner of record and am authorized to make this application.

Applicant's Signture / Contrctor's Signature [ ] Certified Contractor [ ] Exempt Applicant D. TECHNICAL SITE DATE DESCRIPTION OF WORK:

|                    | thod of Alarm / Supression System Supervision: _ |
|--------------------|--|
|                    | System   |
| .es:               | Supression                                       |
| ter Supply Source: | f Alarm /  |
| ter Sur            | hod  |

FEE (Office Use Only)

Alarm Devices (i.e., smoke, heat, pulls, water / flow ) Supervisory Devices (i.e., tampers, low high air ) Signaling Devices (i.e., horn /strobes, bells ) GPM Type Pre-action Valves Sprinkler Heads ( Dry and Wet ) Flammable / Conbustible Tanks 110v Interconnected Pre-engineered System CO Detectors / 110v Suppression System Jarm System Other Devices Wet Chemical Standpipes

Kitchen Hood Exhaust System Foam Suppression CO Suppression 200 Suppression Dry Chemical

Dates ( Month/Day ) Failure

NSPECTIONS

No Plans Required Partial - Underslab Utilities Approved JOB SUMMARY (Office Use Only)

PLAN REVIEW

Smoke Control System
Fuel-Fired Applances [ ] Gas [ ] Oil [ ] Solid
Fireplace Venting / Metal Chimney
Other

Minimum Fee State Permit Surcharge Fee TOTAL FEE Administrative Surcharge



| <ul> <li>A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS,</li> </ul> |  | Qualification Code |
|--|--|--------------------|
| I - APPLICANT: COMPLETE ALL APPI   | NOTIFY THIS OFFICE, CALL UTILITY DIG NO: 1-800-272-1000. | Lot                |
| A. IDENTIFICATION  | NOTIFY THIS OFFICE, C                                    | Block              |

| Work Site Location:   |                       |          |
|---|-----------------------|----------|
| Owner in Fee:   |                       |          |
| Tel. ( ) E-mail:  |                       |          |
| Addresssneet  | Municipality          | Zip Code |
| Contractor:   | Tel: ()               |          |
| Address:  | E-Mail:               |          |
| Contractor License No. or Builder Registration No.                                | Exp. Date             |          |
| Home Improvement Contractor Registration No. or Exemption Reason (if applicable): | on ( if applicable ): |          |
| Federal Emp. ID No:   | FAX:                  |          |

| Initual  |                               |                          |                             |              |            |                             |  |                                  |                        |                       |       |              |              |
|--|-------------------------------|--------------------------|-----------------------------|--------------|------------|-----------------------------|--|----------------------------------|------------------------|-----------------------|-------|--------------|--------------|
| Dates ( Month/Day )<br>Approval                          |                               |                          |                             |              |            |                             |  |                                  |                        |                       |       |              |              |
| Dates<br>Failure   |                               |                          |                             |              |            |                             |  |                                  |                        |                       |       |              |              |
| Failure  |                               |                          |                             |              |            |                             |  |                                  |                        |                       |       |              |              |
| INSPECTIONS Type: Footing                                | Footing Bonding<br>Foundation | Slab                     | Frame<br>Truss Svs./Bracing | Barrier-Free | Insulation | Finishes Base Layer         | Finishes-Final                             | Energy                           | Mechanical             | 100                   | Other | Final        | Barrier-Free |
| JOB SUMMARY ( Office Use Only ) PLAN REVIEW Date Initial | ] No Plans Require            | [ ] Footings/Foundations | [ ] Structual/Framework     | [ ] Interior |            | Joint Plan Review Required: | [ 1 Elec. [ 1 Plumb. [ 1 Fire [ 1 Elevator | SUBCODE ADDROVAL for CERTIFICATE | 2000000 T 1 000 T 1 04 | Wo [ ] ooo [ ] oo [ ] | Date: | Approved by: |              |

# B. BUILDING CHARACTERISTICS

| Use Group Present         | Proposed | Constr. Class Present            | Present                     | Proposed | 1  |
|---------------------------|----------|----------------------------------|-----------------------------|----------|--|
| No. of Stories            |          | If Industrialized Building:      | Building:                   |          |  |
| Height of Structure       | <b>#</b> | t State Approved                 | p                           | HUD      |  |
| Area - Largest Floor      | 8        | sq ft                            |                             |          |  |
| New Bldg. Area/All Floors | 8        | sq. ft. Est. Cost of Builg. Work | ilg. Work                   |          |  |
| Volume of New Structure   | 0        | cu ft. 1. New Bldg.              | 69                          |          |  |
| Max. Live Load            |          | 2. Rehabilitation                | 69                          |          |  |
| Max. Occupancy Load       |          | 3. Total (1+2)                   | 59                          |          |  |
|                           |          |                                  | U.C.C. F118<br>(rev. 12/07) | State)   | 1 White = Application Copy<br>3 Pink = Office Copy |

Date Received Control # Date Issued Permitl #

# C. CERTIFICATE IN LIEU OF OATH

I hereby certify that I am the ( agent of ) owner of record and am authorized to make this application.

| duit |
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# D. TECHNICAL SITE DATE

| FEE ( Office Use Only ) | s                |              |                    |             |            |                     |          |          |                    |                                     |                                   |                       |           | \$ \$ \$ \$  |
|-------------------------|------------------|--------------|--------------------|-------------|------------|---------------------|----------|----------|--------------------|-------------------------------------|-----------------------------------|-----------------------|-----------|--|
|                         |                  |              |                    |             |            | ds 6'.)             |          |          |                    |                                     |                                   |                       |           | Administrative Surcharge<br>Minimum Fee<br>State Permit Surcharge Fee<br>TOTAL FEE |
|                         |                  |              |                    |             |            | Height (exceeds 6') | sq. Ft.  |          | Sq. Ft.            | nent Subchapter 8                   | ement NJAC 5:17                   | tion                  |           | 2 Canay - Office Ocpy<br>4 Maria impector Copy                                     |
| TYPE OF WORK            | [ ] New Building | [ ] Addition | [ ] Rehabilitation | [ ] Roofing | [ ] Siding | [ ] Fence           | [ ] Sign | [ ] Pool | [ ] Retaining Wall | [ ] Asbestos Abatement Subchapter 8 | [ ] Lead Haz. Abatement NJAC 5:17 | [ ] Radon Remediation | [ ] Other | [ ] Demolition   |





# PLUMBING SUBCODE TECHNICAL SECTION

| NTRACTORS,   |   |  |
|--|---|--|
| A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, |   |  |
| BLE INFORMATION, 1   |   |  |
| PLETE ALL APPLICA  | 800-272-1000.   |  |
| APPLICANT: CON   | NOTIFY THIS OFFICE, CALL UTILITY DIG NO: 1-800-272-1000 |  |
| ENTIFICATION -   | Y THIS OFFICE, CAI                                      |  |
| A.D  | NOTIF   |  |

| NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.   |                    | DESCRIPTION |
|--|--------------------|-------------|
| BlockLot   | Qualification Code |             |
| Work Site Location:  |                    |             |
| Owner in Fee:  |                    |             |
| Tel. ( )   |                    |             |
| Address Encote Managing Managi | 71 Poolo           |             |
| Sirber Municipality Contractor:  | zp cose Tel: ()    |             |
| Address:   | E-Mail:            |             |
| Contractor License No. or Builder Registration No.   | Exp. Date          |             |

### Private Septic\_ Private Well Proposed Public Sewer Public Water B. BUILDING CHARACTERISTICS Est. Cost of Plumbing Work \$ Use Group Present\_ Building Sewer Size Water Service Size

FAX: (

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No:

Dates ( Month/Day ) INSPECTIONS
Type:
Slab
Rough
Water
Sewer
Fixtures
Gas Equipment
Gas Piping
LP Gas Tank
Fuel Oil Piping Solar [ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator SUBCODE APPROVAL for CERTIFICATE ] Partial - Underslab Utilities Approved JOB SUMMARY (Office Use Only) Date: Approved by:

[ ] Plumbing Plan Approved Approved by: Joint Plan Review Required: [] co [] cco [] cA No Plans Require PLAN REVIEW Approved by: Date:

# C. CERTIFICATE IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make

this application.

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

|   | U.C.C. F110(State)<br>(mr. 12077)  |
|---|--|
| Applicant's Signature / Contractor's Seal and Signature | A 400 mm and 100 mm an |

2 Cansiry = Office Copy 4 Manife = Inspector Copy

1 White = Application Copy 3 Pink = Office Copy

# D. TECHNICAL SITE DATE

Date Received Control # Date Issued Permitl # N OF WORK

| FEE (Office Use Only) | <i>\omega</i> | >              |          |          |        |             |      |            |                   |                 |           |              |                 |            |             |              |            |                         |                    |            |                  |                          |        |       |  |
|-----------------------|---------------|----------------|----------|----------|--------|-------------|------|------------|-------------------|-----------------|-----------|--------------|-----------------|------------|-------------|--------------|------------|-------------------------|--------------------|------------|------------------|--------------------------|--------|-------|--|
| FIXTURE / EQUIPMENT   | Water Closet  | Urinal / Bidet | Bath Tub | Lavatory | Shower | Floor Drain | Sink | Dishwasher | Drinking Fountain | Washing Machine | Hose Bibb | Water Heater | Fuel Oil Piping | Gas Piping | LP Gas Tank | Steam Boiler | Sewer Pump | Interceptor / Separator | Backflow Preventer | Greasetrap | Sewer Connection | Water Service Connection | Stacks | Other |  |
| ΔTY                   |               |                |          |          |        |             |      | Î          | Î                 |                 |           |              |                 |            | ĺ           |              |            | 1                       | 1                  |            |                  |                          |        |       |  |

Administrative Surcharge Minimum Fee State Permit Surcharge Fee TOTAL FEE

Other